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## WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

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<b>2001 Assembly Bill 725</b>	<b>Assembly Amendment 1</b>
Memo published: February 8, 2002      Contact: Richard Sweet, Senior Staff Attorney (266-2982)	

*Current law* allows registered nurses who meet certain requirements to become nurse-midwives. The statutes define “the practice of nurse-midwifery” as follows:

441.15 (1) In this section, “the practice of nurse-midwifery” means the management of care of a woman in normal childbirth and the provision of prenatal, intrapartal, postpartal and nonsurgical contraceptive methods and care for the mother and the newborn.

Current law also specifies that the practice of nurse-midwifery must occur in a health care facility approved by the Board of Nursing by rule, under the general supervision of a physician with training in obstetrics, and pursuant to a formal written agreement with that physician.

*Assembly Bill 725* changes the definition of “practice of nurse-midwifery” to the following:

441.15 (1) (b) “Practice of nurse-midwifery” means the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training and experience of the nurse-midwife.

In addition, the bill replaces the requirement that a nurse-midwife practice under the general supervision of a physician with a requirement that a nurse-midwife practice in collaboration with a physician, and adds the requirement that the physician’s training in obstetrics be postgraduate training. The term “collaboration” is defined as follows:

441.15 (1) (a) “Collaboration” means a process that involves 2 or more health care professionals working together and, when necessary, in each other’s presence, and in which each health care professional contributes

his or her expertise to provide more comprehensive care than one health care professional alone can offer.

The bill also provides that no person may practice nurse-midwifery unless the person has in effect the malpractice liability insurance required under the bill. This requirement does not apply to specified federal, state, or local employees practicing within the scope of their employment; employees of the federal Public Health Service; persons whose employer has malpractice liability insurance for the person that provides at least the minimum amount of coverage specified; and persons who do not provide care for patients. The bill requires the Board of Nursing, in consultation with the Commissioner of Insurance, to promulgate rules establishing the minimum amount of malpractice liability insurance that is required for a person to practice nurse-midwifery. The rules must include requirements and procedures for waiving the rules for any period of time for which the Commissioner of Insurance determines that the insurance is not reasonably available.

***Assembly Amendment 1*** makes three changes relating to malpractice liability insurance for nurse-midwives:

1. The amendment specifies that the Board of Nursing must promulgate rules establishing the minimum amount of malpractice liability insurance, which must be the same as the amount established by the Board of Nursing for advanced practice nurse prescribers. Those amounts have been established by the Board of Nursing as \$1 million for each occurrence and \$3 million for all occurrences in any one year. [s. N 8.08, Wis. Adm. Code, referencing s. 655.23 (4), Stats.]

2. The amendment deletes the provision of the bill allowing waiver of the malpractice liability insurance requirements.

3. The amendment modifies the statutes relating to the Patients Compensation Fund to provide that employees of covered health care providers are covered by the Fund if they are nurse-midwives who are acting in collaboration with a physician. Currently, such employees are covered by the Fund if they act under the supervision of a physician, but the bill changes the relationship between physicians and nurse-midwives from supervision to collaboration.

On January 29, 2002, the Assembly Committee on Health recommended adoption of Assembly Amendment 1; and passage of the bill, as amended, both on votes of Ayes, 14; Noes, 0. On February 7, 2002, the Assembly adopted Assembly Amendment 1; and passed the bill, as amended; both on voice votes.

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